

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590788

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		①				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12			1			
13				1		
14				1		
15				1		
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22			missing			
23				①		
24				1		
25				1		
26			1			
27						
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49						
50						
TOTAL IND.	1	↓	3	↓	0	↓
TOTAL DEP.	10	←	11	←	0	←
TOTAL CLAIMS	11		14		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	